		2		The said of the		IIS EDA DECON	Agency Washington DC 20460
1	This initial notification informat required by Section 103(c) of the hensive Environmental Respons sation, and Liability Act of 1980 be mailed by June 9, 1981.	e Compre- e, Compen-	Please type or print i additional space, use paper. Indicate the let which applies.	separate sheets of	f	US EPA RECOR	DS CENTER REGION 5
8	10610	MI #89 MIS-000-001-270					
1	Person Required to Notify:				_	ublic Work	
		ter the name and address of the person organization required to notify.					
	or organization required to many		Street 1500 Scribner Avenue, N.W. City Grand Rapids State NII Zip Code 49504				
3	Site Location:	Name of Site DIDIG	CipId /T	en mil	e Brace	1) Landfil	
	Enter the common name (if know actual location of the site.	wn) and			DELIBERATION) randfil
	actual location of the site.		Street 2908 Ten Mile Road				
1	110000265068	6	cityGrand Bap	Idscounty Kr	ent Sta	ate MI	Zip Code 495 04
;	Person to Contact:					D	AVID R.
	Enter the name, title (if applicab	le), and	Name (Last, First and Title)	David	1. Des	pres	Director
	business telephone number of the person to contact regarding information submitted on this form.		Phone [16110] 774-31094				
)	Dates of Waste Handling:				- 01		
	Enter the years that you estimat	e waste		1	78/		
	treatment, storage, or disposal be ended at the site.		From (Year) 1977	To (Year)	resent		
	ended at the site.						
			LITTING TO SERVICE	14.0		1 11 1	
	Waste Type: Choose the opti	ion you pre	efer to complete				
	Option I: Select general waste t	ypes and so	ource categories. If	Option 2: This	option is av	ailable to per	sons familiar with the
	you do not know the general wa encouraged to describe the site	ste types or	sources, you are	Resource Cons regulations (40	ervation and	Recovery Ac	et (RCRA) Section 300
			0	Specific Type		rounds a	
	General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable Source o Place an boxes.		X in the appropriate	EPA has assign	ned a four-di	igit number to	each hazardous was
				listed in the reg	gulations un ir-digit numb	der Section 3 per in the box	001 of RCRA. Enter the provided. A copy of
	category.			the list of haza	rdous waste	s and codes of	can be obtained by
				located.	EPA Region	serving the S	State in which the site
	1. Organics	1. □ Mi	ning nstruction			Situ see it a	THE PROPERTY OF
	2. ☐ Inorganics 3. ☐ Solvents	2. □ Co				45	
	4. □ Pesticides	4. □ Fer					
	5. Heavy metals		per/Printing				
	6. □ Acids		ather Tanning				
	7. Bases		n/Steel Foundry				
	8. □ PCBs		emical, General				
	9. ☐ Mixed Municipal Waste		ting/Polishing				F 12 12 12 12 12 12 12 12 12 12 12 12 12
	10. ♥ Unknown		litary/Ammunition				
	11. ☐ Other (Specify)		ectrical Conductors				
			ensformers				
		13. 🗆 Uti	lity Companies	000	1010 J	IN 10 81	
			nitary/Refuse	000	0 1 0 0		
		15. □ Ph					
			b/Hospital				
		17. 🖼 Un	known				
		10 0 0	has (Chacifu)				
		18. □ Otl	her (Specify)				
	Form Approved	18. 🗆 Otl	her (Specify)				
	Form Approved OMB No. 2000-0138 EPA Form 8900-1	18. 🗆 Otl		1 0 1981			

ATTACHMENT TO NOTIFICATION OF HAZARDOUS WASTE SITE EPA FORM 8900-1

REFERENCE: Plainfield Landfill

This site is being filed as a potential Hazardous Waste Disposal Site even though the types of potential hazardous wastes disposed of are unknown.

The basic reason for this filing is that as the years have passed, the definition and disposal practices of hazardous wastes have drastically changed.

David R. Despres, Director

KENT COUNTY DEPARTMENT OF PUBLIC WORKS

Notification c Hazardous Waste Sit

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is

Please type or print in ink. If you need

MT-7

	required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.		- paper. Indicate the letter of the item which applies.					
	8/0609		11 #	224	111:	5-000-	001-133	
Ā	Person Required to Notify:			W/ACTE 6:/6:				
	Enter the name and address of the person or organization required to notify.		Name MICHIGAN WASTE SYSTEMS, INC.					
			Street P.O. Box 280 (24121 Mound Rd.)					
			city Warren			State MI	Zip Code 4809	0
В	Site Location:	Name of Site KENT	Course I As	INTILL				
	Enter the common name (if known) and actual location of the site.		Name of Site KENT COUNTY LANDFILL Street 10 Mile Road					
1	MLD000265066 _		city Rockford	County &	Kent	State MI	Zip Code 4934	-1
6	Person to Contact:							
	Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.		Name (Last, First and Title) Diver, Jeffrey - Envir. Counsel					
			Phone 312/654-8800					
0	Dates of Waste Handling:							
Enter the years that you estimate waste			From (Year) 1977	To (Year)	PRESEN	т 1981		
	Option I: Select general waste ty you do not know the general was encouraged to describe the site in General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category. 1. Ø Organics 2. Ø Inorganics 3. ☐ Solvents 4. ☐ Pesticides 5. Ø Heavy metals 6. ☐ Acids 7. ☐ Bases 8. ☐ PCBs 9. Ø Mixed Municipal Waste 10. Ø Unknown 11. Ø Other (Specify) PAINT SLUDGES METAL GRINDINGS	Source of Place and boxes. 1. Mi 2. Co 3. Tes 4. Fer 5. Pa 6. Les 7. Iro 8. Ch 9. Pla 10. Mi 11. Ele 12. Tra 13. Uti 14. Sa 15. Ph 16. La	ning nstruction xtiles rtilizer per/Printing ather Tanning n/Steel Foundry emical, General ating/Polishing litary/Ammunition ectrical Conductors ansformers lity Companies nitary/Refuse otofinish b/Hospital	Resource Coregulations Specific Ty EPA has as listed in the appropriate the list of h contacting t located.	pe of Was signed a for regulation four-digit azardous v he EPA Re	n and Recovery art 261). Ite: Our-digit number ins under Section number in the beyonder serving the egion serving the servin	ersons familiar wit Act (RCRA) Section to each hazardous a 3001 of RCRA. En oxes provided. A co s can be obtained be a State in which the	waste opy of
	Form Approved		her (Specify) G OPERATIONS					1

OMB No. 2000-0138 EPA Form 8900-1

JUN 1 2 1981

MOUNT OF TRAZARDOSS Waste Of		
ste Quantity:	Facility Type	otal Facility Waste Amo
Place an X in the appropriate boxes to	1. ☐ Piles cu	ibic feet
indicate the facility types found at the si	18. 2. 🗆 Land Treatment	unknown
In the "total facility waste amount" space give the estimated combined quantity		illons
(volume) of hazardous wastes at the site		otal Facility Area
using cubic feet or gallons.	5. M Impoundment	uare feet
In the "total facility area" space, give the estimated area size which the facilities		res 78 #
occupy using square feet or acres.	8. D Drums, Below Ground	res 78 75
	9. Other (Specify)	
G Known, Suspected or Likely Release	es to the Environment	
Place an X in the appropriate boxes to in	·	nown □ Suspected □ Likely 🛭 None
or likely releases of wastes to the enviro	nment.	nown in Suspected in Likely is None
Note: Items Hand Lare optional. Compl	leting these items will assist EPA and State and loc	al governments in locating and assessing
	leting the items is not required, you are encouraged	
H Sketch Map of Site Location: (Opt	tional)	
Sketch a map showing streets, highway		
routes or other prominent landmarks ne	ear	
the site Place an X on the map to indicate the site location. Draw an arrow showing	ng	
the direction north. You may substitute	a	
publishing map showing the site locatio	n.	
	and the second of the second o	Andreas I and the second
		and the second of the second
Description of Site: (Optional)		
Describe the history and present		
conditions of the site. Give directions to the site and describe any nearby wells,		
springs, lakes, or housing. Include such		
information as how waste was disposed and where the waste came from. Provid		**
any other information or comments whi	ch Environmental Counsel has pro	
may help describe the site conditions.	composite information provi	
	responses from employees o	
much of which may have been	n founded in hearsay, rumor, specula	tion and imperfect recol-
	admission or representation is there	
	pany, or generically reported on t	
	or characteristic of "hazardous was	
	ount" is indicated, it is, in most ca	
	dous waste," as in most cases, no	
quantities were available, i	If the reporting company is a "transp selected the reported site, nor tha	ot all of the waste types
	asported by the reporting company.	to all of the waste types
J Signature and Title:		·
The person or authorized representative		etary Owner, Present
(such as plant managers, superintenden trustees or attorneys) of persons require		Owner, Past
to notify must sign the form and provide	a Street 900 JULIE BUULEVALU	
mailing address (if different than address	S	50 0 0 0 0
in item A). For other persons providing notification, the signature is optional.	city Oak Brook State IL Z	p Code 60521 Uperator, Present
Check the boxes which best describe the	i Us his	C /a /a . Other
relationship to the site of the person required to notify. If you are not required	signature 808 Can 6000 selly o	ate 6/9/81
to notify check "Other".	,	